



# DEPARTMENT OF ENVIRONMENTAL QUALITY

Northern Regional Office  
Mobile Source Operations Section  
13901 Crown Court  
Woodbridge, Virginia 22193-1453

DEQ Use Only

ID #: \_\_\_\_\_

VECO: \_\_\_\_\_

## APPLICATION FOR EMISSIONS INSPECTION STATION and/or CERTIFIED EMISSIONS REPAIR FACILITY

(PLEASE TYPE OR PRINT)

Application Type: New ☐ Renewal ☐ Reinstatement ☐ Facility Type: EIS ☐ CRF ☐ Both ☐

Facility or Trade Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Facility (Check One): Repair Shop ☐ Service Station ☐ Fleet Station - Private ☐  
Fleet Station - Government ☐ Dealer - New Cars ☐ Dealer - Used Cars ☐ **OTHER** ☐

Type of Organization (Check One): Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Gov't ☐

Organization or Owner Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EIS Application:** List at least one Licensed Emissions Inspector (LEI).

**CRF Application:** List at least one Certified Repair Technician (CRT).

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ LEI ☐ CRT ☐

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ LEI ☐ CRT ☐

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ LEI ☐ CRT ☐

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ LEI ☐ CRT ☐

*In accordance with the rules and regulations of the Department of Environmental Quality, emissions inspections shall be performed only by those individuals who are licensed as inspectors and approved for emissions testing by the Department.*

**Continue on Reverse Side**

**COMPLETE THIS SECTION FOR NEW PERMIT / CERTIFICATION ONLY**

1. Have you ever had an appointment as an Emissions Inspection Station or as a Certified Repair Facility?

**YES** ☐ **NO** ☐ If **YES**, EIS ☐ CRF ☐ Both ☐

If **yes**, under what name: \_\_\_\_\_ What city: \_\_\_\_\_

2. Have you ever been refused an emissions inspection or emissions repair appointment? **YES** ☐ **NO** ☐

If **yes**, under what name: \_\_\_\_\_ What city: \_\_\_\_\_

3. Has this location ever been an emissions inspection station or certified repair facility? **YES** ☐ **NO** ☐

If **yes**, under what name: \_\_\_\_\_

**All Applicants:** The necessary space, equipment and personnel will be provided and maintained in a manner satisfactory to the Department of Environmental Quality (DEQ). All owner(s)/manager(s), Licensed Emissions Inspectors (LEI) and Certified Emissions Repair Technicians (CRT) will read and be thoroughly familiar with the instructions and regulations furnished by DEQ. LEIs will abide by these regulations and carefully inspect every vehicle presented for inspection. CRTs will abide by these regulations, and strive to conduct the diagnosis and repair of motor vehicles in a manner appropriate to the cause(s) of vehicle emissions inspection failures. The operation of this facility will be conducted in strict accordance with the Air Pollution Control Law and the rules and regulations furnished by DEQ.

**EIS Applicants:**

**YES** ☐\* **NO** ☐ **Are you in any way a manufacturer or distributor of emissions testing equipment?**

\* (If yes, then you may not in any way, own, operate, or have any direct or indirect financial interest in an emissions inspection facility other than the leasing of or providing financing for equipment related to emissions testing.)

**YES** ☐ **NO** ☐ **Does your business conform with local zoning, use, or business licensing laws, ordinances or regulations as well as any applicable OSHA requirements?**

**CRF Applicants:** Emissions related repairs of motor vehicles applicable towards a vehicle emissions inspection waiver, as required under the Air Pollution Control Law of Virginia and the Regulation for the Control of Motor Vehicle Emissions in the Northern Virginia Area, shall be performed at a Virginia Certified Emissions Repair Facility, and such repairs shall be performed or approved by a Virginia Certified Emissions Repair Technician(s) employed by that facility.

The appointment of this facility, if made, may be suspended or revoked in accordance with the regulations, and will automatically be canceled if the facility changes its ownership, name, or location.

I (we) have read the requirements for appointment and agree to the conditions as stated.

\* EIS applicants must be either President, or other duly authorized agent of the corporation in writing, Partner, or Owner.

\* Authorized signature required for CRF applicants.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Full Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Full Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Department of Environmental Quality  
at (703) 583-3900 or toll-free in Virginia at 1-800-275-3844